The new technique works by using disabled version of the AIDS virus as a sort of disruptive agent inside the human T-cells, thereby reducing the chances that a potent HIV-virus will be able to successfully invade the cell.

Cervical cancer

2506. MISS MABEL REBELLO:
SHRI B.J. PANDA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware of media reports that curable cervical cancer is a big killer in India;

(b) whether as per hospital reports more and more women patients are dying of this curable infection; and

(c) if so, the action plan of Government to control unabated deaths of women by this dreaded disease?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) and (b) Cervical cancer though not considered as infectious disease, is the commonest cancer among women in India. It is estimated that about 1.00 lakh women develop this disease every year in India. Information about the deaths due to cervical cancer are available from the Indian Council of Medical Research (ICMR)'s population based cancer registry at Mumbai. The data shows that 9.68% of cancer deaths among women of Mumbai, were due to cervical cancer, whereas deaths due to breast cancer and ovarian cancer were 19.74% and 6.73% respectively in the period 1990-96.

(c) The cervical Cancer can be effectively treated if detected in the early stages. The treatment of cervical cancer is by Surgery, Radiotherapy, Chemotherapy and Supportive Care. There are more than 180 Institutions in the country having radiotherapy facilities. There are also 20 Regional Cancer Centres (RCCs) in the country which are providing comprehensive cancer care facilities including screening of susceptible women for detection of early stages of

cervical cancer. Surgery and supportive Care is also available at the level of District Hospitals, Medical Colleges hospitals etc.

In the recent years the thrust of the National Cancer Control Programme (NCCP) has been on creating awareness and preventive activities for cancers including cervical cancer.

Violation of the Drugs and Cosmetics Act

2507. SHRI MOOLCHAND MEENA:
SHRI RAMA SHANKER KAUSHIK:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that DCGI has directed the withdrawal of products from the market and stoppage of production where the permissions were granted by the State Drugs Controller Authorities in violation of the Drugs and Cosmetics Act;

(b) whether it is also a fact that State Drugs Controller of Maharashtra had allowed the manufacture of Levonorgestrel 0.75 contraceptive for women for the new indication Emergency Contraception, which is a violation of Rule 122-E of the Drugs and Cosmetics Act; and

(c) the name of the company involved and the action taken against the erring authorities and the company?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) Yes, Sir.

(b) and (c) It was observed that the State Lincensing Authority, Maharashtra has allowed the manufacture of Levonorgestral 0.75 mg tablet as Emergency Contraceptive. As the use as Emergency Contraceptive in 0.75 mg strength is a new indication approved by DCG(I), M/s. Cipla was directed to stop marketing and obtain permission under the Rule-122 B from office of the DCG(I). Following submission of application in Form-44 alongwith requisite fees and other relevant data, the permission has been granted to the firm on 24.12.2002.